



PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/927,422	
	Filing Date	August 10, 2001	
	First Named Inventor	Gary VAN NEST	
	Art Unit	1645	
	Examiner Name	N. M. Minnifield	
Total Number of Pages in This Submission	27	Attorney Docket Number	377882001420

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form and duplicate for fee processing in 2 pages. <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Reply in 19 pages. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request in 1 page.	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	• Declaration of Gary Van Nest, Ph.D. with Exhibit A in 4 pages.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	• Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25225) Karen Zachow - 46,332
Signature	
Date	April 5, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 5, 2004

Signature: (Grace Yu)



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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	09/927,422
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 10, 2001
		First Named Inventor	Gary VAN NEST
		Examiner Name	N. M. Minnifield
		Art Unit	1645
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	377882001420
55.00			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number 03-1952		Fee Code Fee (\$)	
Deposit Account Name Morrison & Foerster LLP		Fee Description Fee Paid	
The Director is authorized to: (check all that apply)		1051 130 2051 65 Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		1053 130 1053 130 Non-English specification	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
		1251 110 2251 55 Extension for reply within first month 55.00	
		1252 420 2252 210 Extension for reply within second month	
		1253 950 2253 475 Extension for reply within third month	
		1254 1,480 2254 740 Extension for reply within fourth month	
		1255 2,010 2255 1,005 Extension for reply within fifth month	
		1401 330 2401 165 Notice of Appeal	
		1402 330 2402 165 Filing a brief in support of an appeal	
		1403 290 2403 145 Request for oral hearing	
		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
		1452 110 2452 55 Petition to revive - unavoidable	
		1453 1,330 2453 665 Petition to revive - unintentional	
		1501 1,330 2501 665 Utility issue fee (or reissue)	
		1502 480 2502 240 Design issue fee	
		1503 640 2503 320 Plant issue fee	
		1460 130 1460 130 Petitions to the Commissioner	
		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
		1806 180 1806 180 Submission of Information Disclosure Stmt	
		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
		1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b))	
		1801 770 2801 385 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$) 55.00	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description Fee Paid	
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$) 0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 83 -124** = 0 x 9.00 = 0.00			
Independent Claims 4 -4** = 0 x 43.00 = 0.00			
Multiple Dependent		Paid = 0.00	
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Description	
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$) 0.00			
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Karen Zachow		Registration No. (Attorney/Agent) 46,332	
Telephone (858) 720-5191		Date April 5, 2004	
Signature Karen Zachow			